

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 889993 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1				51		
2	1		1				52		
3	1		1				53		
4	8		1				54		
5	0						55		
6	1						56		
7	8						57		
8	0						58		
9	0						59		
10	0						60		
11	0						61		
12	0						62		
13	0						63		
14	0						64		
15	0						65		
16	8						66		
17							67		
18							68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
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34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			2				TOTAL IND.		
TOTAL DEP.			14				TOTAL DEP.		
TOTAL CLAIMS			16				TOTAL CLAIMS		